



Alaska Community Development Corporation

Affordable Housing • Energy Conservation • Housing Rehabilitation • Weatherization

Application Packet

March 2011

Alaska Community Development Corporation (**Alaska CDC**) is a private non-profit agency that has administered state- and federally-funded programs to improve housing for Alaskans since 1979. We currently are offering the

2011 Alaska WEATHERIZATION Assistance Program in Nondalton

Weatherization assists low-income households who own or rent eligible homes: apartments, cabins, condominiums, houses, mobile homes, and multi-family dwellings.

Weatherization improvements are designed to reduce energy consumption in the home, help reduce heating bills, and help make the home more comfortable for residents. This is not a fuel cost subsidy.

Eligible Weatherization improvements include: air sealing, caulking, insulation, and weatherstripping; replacement windows and entry doors; exterior skirting; clock thermostats; heating safety and repair; ventilation measures; moisture and mildew control; and efficient lighting.

Trained weatherization program assessors conduct visual inspections and diagnostic tests on each home to identify eligible Weatherization improvements. Program personnel order materials, and **trained weatherization contractors** provided by the program make the improvements to each home.

Eligible residents of owner-occupied homes and eligible tenants pay nothing. Landlords must authorize recommended improvements and *might* be asked to contribute matching funds, if needed.

Weatherization gives priority to households with seniors (55+), residents who experience disabilities, children under 6 years old, and/or households with income at or below 60% of the median for its size. Applicants also may be prioritized for assistance if multiple funding sources or programs can be used for greater cost-effectiveness or if necessary measures are defined as emergencies per guidelines.

Weatherization is not an emergency response program. Work is done during the construction season.

We are targeting Nondalton for 2011.

This may change if we do not receive enough applications from eligible households.

Funding is limited. **Application deadline is April 18, 2011.** Apply *today!*

Continued on back.

Restrictions include but are not limited to:

- The home may not have been weatherized by an agency after April 14, 2008.
- The household may not have received an AHFC Home Energy Rebate after May 1, 2008.
- The home may not be currently marketed for sale or rent or scheduled for demolition.
- The home must be the household’s primary residence, not a secondary home.
- The household’s combined income may not exceed income limits.

Current Income Limits

AREA	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Nondalton	50,400	57,600	64,800	71,900	77,700	83,500	89,200	95,000

A household automatically meets income eligibility requirements if (1) an occupant receives ATAP, TANF, SSI, Food Stamps, **Low-Income Home Energy Assistance (Heating Assistance)**, SeniorCare benefits, subsidies from qualifying affordable housing programs (such as Section 8, Section 202, Section 811, Low-Income Housing Tax Credit, etc.); or (2) the applicant lives alone and receives APA/IA.

Households that do not automatically meet income eligibility requirements must undergo an income review. **Household income is reviewed for the most recent 12 months before the application date.**

- Income includes gross money received by all residents, including non-taxable income.
- Household income does not include: any assets drawn down as withdrawals from a bank; capital gains; Child Support; Combat Pay (Hostile Fire); compensation for injury; dependent student income (i.e., earnings of full-time high school students or post-secondary students enrolled for at least 12 credit hours); dividends from a Native Corporation less than \$2,000/year per resident; Federal Economic Stimulus Payments; federal non-cash benefits such as Medicare, Medicaid, Food Stamps, school lunches, and housing assistance; food or housing received in lieu of wages, including the value of food and fuel produced and consumed on farms; gifts; loans; lump-sum inheritances; non-cash benefits such as the employer-paid or union-paid portion of health insurance or other employee fringe benefits; one-time insurance payments; one-time payments from a welfare agency to a family or person who is in temporary financial difficulty; emergency one-time withdrawals from an investment account (note why the money was withdrawn; e.g., high medical bills, down payment on a home, lost job and couldn’t pay bills, etc.); payment for foster children/adults or adoption subsidies; sale of assets such as property, house, or vehicle; scholarships for college or university; and tax refunds.

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Rev. 12/09

Application

CONFIDENTIAL

1. Read the attached application flier and program guidelines.
2. Answer all questions on all pages. Contact Alaska CDC, if you need help.
3. **Signatures** are REQUIRED on several pages.
4. **Submit your complete application and proofs** (as described in the application) **to Alaska CDC by October 31, 2010, to secure your place on the wait list for an assessment in spring.**

After we receive your application and proofs, we might need more information from you. However, submitting an application is the first step toward receiving assistance.

HEAD OF HOUSEHOLD: _____ Single Married Other
First Name Last Name (circle one)

_____ Mailing Address City State Zip Code

() _____ () _____ () _____
Home Phone Work Phone Message Phone

_____ Email Address Best way and time(s) to contact you

_____ Street Address (Number, Street Name, Apt. #, Mobile Home Park Name, Space #, etc.) City

_____ Legal Property Description (Lot, Block, Subdivision, Tract, Plat No. etc.)

- Draw a map or write directions to your home. If we can't find your home, we may not be able to help you.

Application **CONFIDENTIAL**

TYPE OF HOME Cabin Duplex Multi-family Apartment Building (3 or more Apt), Total Apt.: _____
House Modular Mobile home, Serial #: _____ Other*: _____

* Some homes cannot be served, such as buses, recreational vehicles, boats, tents, yurts, temporary homes, second homes, and/or parts of buildings used for business. Other restrictions may apply. If you're not sure your home qualifies, contact Alaska CDC.

• **Year built:** _____ **Total square feet:** _____ **# of stories:** _____ **# of bedrooms:** _____

FUEL AND ELECTRICITY USE

• **Write all fuel and electricity used by your household during the most recent 12 months** (or since you moved in if you have not lived in this structure at least 12 months). **Do not write dollar amounts.** If you don't know how much you have used, ask your utilities and fuel providers for quantities.

Electricity: _____ KWHs Oil: _____ gallons Propane: _____ gallons
Wood: _____ cords Other: _____

• **If you use oil or propane, does the fuel provider automatically refill your tank?** Oil: Yes No
Propane: Yes No

----- **FUEL INFORMATION RELEASE FORM** -----

Primary Fuel Supplier: _____
Mailing Address: _____
City: _____ State: _____ ZIP: _____ **Acct. No.:** _____

Secondary Fuel Supplier: _____
Mailing Address: _____
City: _____ State: _____ ZIP: _____ **Acct. No.:** _____

Electricity Supplier: _____
Mailing Address: _____
City: _____ State: _____ ZIP: _____ **Acct. No.:** _____

Street Address / Legal Description **City**

For the property above, I hereby authorize you to release any information on my fuel bills, both past and future, to Alaska Community Development Corporation (ACDC) or Alaska Housing Finance Corporation (AHFC). I agree that a photocopy of this release may be used for the purpose stated.

I understand that this information will be used only to provide data for ACDC or AHFC, and no information obtained through this release shall be made public in such a manner that the dwelling or occupants can be identified.

HEAD OF HOUSEHOLD Signature

Date

Printed Name of HEAD OF HOUSEHOLD

OWNERSHIP

NOTE: If the legal owner does not live in the home, program guidelines consider your household tenants—even if you do not pay rent.

- If your household owns the home, what do you own? (circle one) Structure only Structure & land
- If BIA, HUD, or a housing authority built the home, has it been paid off? Yes No N/A
- ✓ **SUBMIT A COPY OF PROOF OF OWNERSHIP.** Acceptable proofs are copies of recorded deeds, patents, etc. for land ownership and Vehicle Titles for mobile homes. **Owners, if you cannot submit an acceptable proof, the certification below must be completed.** (Tenants, your landlord may submit this on your behalf.)

Owner-Occupied Home Certification	
I certify that I am the legal owner or purchaser of the residence for which I have applied for Weatherization Assistance. I attest that it is my year-around, primary residence and that I have no plans to destroy, abandon, or convert this residence for another purpose.	
Print Name of Legal Owner-Occupant: _____	
Street Address/Physical Location: _____	
No. of Years at this Residence: _____	
Signature of Owner: _____	Date: _____
I certify that I am an authorized representative of the local Village Council and attest that the above information is true and correct, to the best of my knowledge.	
Signature of Village Council Representative: _____	Date: _____

- If your household does not pay rent and the owner does not live in the home, are any residents related to the owner? Please explain: _____

- Tenants, the certification below must be completed.

Rental Home Certification	
I certify that I am currently renting this dwelling unit and that I am paying: \$_____ per month / year to the owner for this dwelling. (Circle one.)	
Print Name of Tenant: _____	
Street Address/Physical Location: _____	
No. of Years at this Residence: _____	
Signature of Tenant: _____	Date: _____

- Tenants, the certification on Page 5 must be completed by the Landlord/Legal Owner of the home.

CONFIDENTIAL

RENTAL POLICIES

Weatherization guidelines state that if a rental owner:

- a) charges more than \$400 per month for a rental unit eligible for Weatherization—Rural Residential Rehab Assistance; OR
- b) owns more than one rental unit;

the owner must contribute financially toward the project. Financial assistance means that the owner must provide 50% of the F.O.B. cost of materials, excluding other freight and labor costs required to bring the dwelling unit up to the standard required by program guidelines.

If an owner does not provide financial participation, the eligible dwelling unit cannot receive more assistance than is allowed under the state and federal weatherization guidelines.

Weatherization guidelines further state that permission to enter the premises to perform free diagnostic testing and visual inspections must be obtained from the landlord, in addition to authorization to proceed with any eligible weatherization improvements. Furthermore, landlords must agree not to raise the rent as a result of improvements made by the program for a specified period.

Landlord Certification

Name of Property Owner-Landlord: _____

Mailing Address: _____

Day Phone: _____ **Cell Phone:** _____ **Email:** _____

Rental Street Address/Physical Location: _____

Name of Current Tenant: _____ **Moved in:** _____ (month) / _____ (year).

This property is currently being rented for: \$_____ **per** [] **month.** [] **year.**

I certify that I: [] **do not own other rental property.** [] **do own other rental property.**

I certify that I am the legal owner or purchaser of the residence for which my tenant has applied for Weatherization Assistance. I attest that I have no plans to destroy, abandon, or convert this residence for another purpose.

I authorize Alaska Community Development Corporation as provider of weatherization services, to conduct energy-related building inspections and assessments, repairs, and improvements. Any materials installed under this agreement shall remain as part of these premises.

I further certify that I shall not raise the rent for this unit *as a result of the weatherization improvements* for a period of 18 months after the weatherization improvements are certified as complete by Weatherization staff. I understand if tenancy changes during this 18-month period, this agreement carries over to subsequent tenants during the 18-month period.

Signature of Property Owner-Landlord: _____ **Date:** _____

I certify that I am an authorized representative of the local Village Council and attest that the above information is true and correct, to the best of my knowledge.

Signature of Village Council Representative: _____ **Date:** _____

INCOME

NOTE: Income guidelines can be very confusing. We encourage applicants to answer the questions in this section and submit the proofs requested even if they might be a *little* over-income. For recipients of Native Dividends, we do not count the first \$2,000/year received per person. In some cases, we can ignore all PFDs received by the household.

- ✓ **WRITE YOUR HOUSEHOLD'S COMBINED GROSS YEARLY INCOME.** This is required from ALL households for statistical purposes. Do not include the first \$2,000 of Native Dividends received by each resident.

\$

- **If anyone did not receive the entire PFD, please explain why:** _____

NOTE: If your household is receiving any of the following types of assistance, it will help us approve your application faster.

- ✓ **SUBMIT copies of proof of APA/IA, ATAP, TANF, Heating Assistance, SeniorCare, affordable housing subsidies, and/or, Supplemental Security Income received during the most recent 12 months. The proof must include the recipient's name and the most recent date the benefit was received/awarded.** You can give your caseworker permission to fax proof to us at or 800 478-1530.

- ✓ **ANY ADULT who was not required to file a Federal Income Tax Return for the previous calendar year must complete the certification below.** Attach another page if necessary.

I certify that my income was too low to require filing a Federal Income Tax Return for the previous calendar year:

_____	_____	_____
Printed Name	Signature	Today's Date
_____	_____	_____
Printed Name	Signature	Today's Date
_____	_____	_____
Printed Name	Signature	Today's Date

- ✓ **SUBMIT complete copies of Federal Tax Returns filed by ALL adults who were required to file for 2009 and copies of ALL 2009 W2s, 1099s, etc. received by the household. If you have received any 2010 W2s, 1099s, etc. yet, please submit copies of those too!**

- ✓ **SUBMIT COPIES OF PROOFS OF ALL GROSS INCOME RECEIVED TO DATE IN 2010 and 2011*,** including but not limited to: **check stubs from all jobs; unemployment benefits;** profit and loss statements for **net self-employment and/or rental income** (You can request a simple profit and loss form from Alaska CDC if you don't keep your own statements.); **statements of investment, dividend** (except the PFD), **and/or interest earnings** (We do not count the first \$2,000/year of Native Dividends received per person.); **check stubs, letters, statements, or bank statements that show direct deposits of Social Security, VA, pension benefits and/or other types of income.**

* If you have received W2s, 1099s, etc. for a source of 2010 income, you do not need to submit additional proofs of 2011 year-to-date income for that source.

We know this application isn't simple. We want to help as many eligible households qualify as possible. **Please do not hesitate to contact us at 800 476-8080 or ltice@alaskacdc.org to ask questions. We're here to help you.**

Also, be sure signatures are provided throughout this application where applicable. In particular, all adult residents must sign Page 7 and the Head of Household must sign Page 8. Keep going! You're almost through filling out the application!

Consent

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Alaska Community Development Corporation (Alaska CDC) any information needed to complete and verify my application for assistance under the Senior Access and/or Weatherization Assistance Programs. I authorize and direct Alaska CDC to release information to other entities for the purpose of determining my household's eligibility for Alaska CDC's programs and/or to assist my household with making application to other assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by Alaska CDC, the State of Alaska, the Alaska Housing Finance Corporation (AHFC), and the State of Alaska-Department of Health and Social Services in administering and enforcing program rules and policies.

Information Covered

I understand that previous and current information regarding me and my household may be needed. Verifications and inquiries that may be requested include but are not limited to assets (including real estate); property ownership and residency; employment and income; disability; past, current and future fuel and electricity use; and public assistance.

Resources

The groups or individuals that may be asked to release the above information to Alaska CDC or who may require the above information from Alaska CDC to access their programs, include but are not limited to:

- | | |
|--|---------------------------------------|
| Banks and other Financial Institutions | Public Assistance Agencies |
| Child Care Providers | Recording Offices and Title Companies |
| Child Support and Alimony Providers | Retirement Systems |
| Drug and Alcohol Treatment Personnel | Social Security Administration |
| Employers, Past and Present | State Unemployment Agencies |
| Family and/or State-Appointed Guardians | Utilities and Fuel Providers |
| Internal Revenue Service | Veterans Administration |
| Medical and Psychiatric Personnel and Care Providers | Workers Compensation Providers |





Computer Matching Notice and Consent

I understand and agree that AHFC or Alaska CDC may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. AHFC or Alaska CDC may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies, State welfare and food stamp agencies, and Social Security.

Conditions

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file at Alaska CDC. I understand I have a right to review my file and correct any information that is incorrect.

Signatures Required: (If any adult is unable to sign this form, contact Alaska CDC for instructions.) Use a copy of this form as necessary for additional adult household members to complete.

	_____	_____	_____
Applicant's Signature	Printed Name of Applicant	Social Security Number	Date
	_____	_____	_____
Adult Member's Signature	Printed Name of Adult Member	Social Security Number	Date
	_____	_____	_____
Adult Member's Signature	Printed Name of Adult Member	Social Security Number	Date
	_____	_____	_____
Adult Member's Signature	Printed Name of Adult Member	Social Security Number	Date

- The **HEAD OF HOUSEHOLD** must read the certification below and sign and date the application.

Permission is granted to perform weatherization work on my residence. I understand that funds for weatherization assistance are being provided by Alaska Housing Finance Corporation (AHFC). Therefore, AHFC may monitor dwellings on a random basis for the sole purpose of determining that weatherization was accomplished and that program funds were properly expended. This monitoring does not include an inspection or in any way addresses compliance with fire, building, or any other safety codes. According to the terms of the contract between AHFC and Alaska Community Development Corporation (Alaska CDC), responsibility for weatherization work performed on my dwelling must comply with existing applicable codes and/or manufacturers' instruction as appropriate. Alaska CDC is solely responsible to assure this compliance. This responsibility in no way extends to work or conditions not associated with the performance of weatherization work. Accordingly, I understand that it is the dwelling occupant/owner's responsibility to discover and correct unsafe or out-of-compliance conditions which might otherwise exist.

I certify that no household member listed in this application holds a Temporary Resident Status granted under section 245A or 210A of the Immigration and Nationality Act as amended under the Immigration and Control Act of 1986 (Pub. L. 99-603).

I certify that (1) the information provided in this application is true and correct to the best of my knowledge; (2) I have submitted proofs (as required) for ownership, age, disability, and income; (3) my household meets program guidelines; and (4) I have read the Federal Privacy Act below.

Privacy Act Provisions: Under section 3(e)(3) of the Privacy Act 1974, [5 USC 552a(e)(3)], each agency that maintains a system of records shall inform each individual from whom it solicits information of the authority which permits the solicitation of the information; whether disclosure is voluntary; the principal purpose for which the information is intended to be used; the routine uses which may be made of the information; and the consequences, if any, resulting from failure by the individual to provide the requested information. This statement is required by the Privacy Act to be furnished prior to the collection and use of the information requested on the application for weatherization. You may retain this statement for your records.

Program Authority: The specific authority for the maintenance of weatherization client information is sections 416 and 417 of the Energy Conservation and Production Act, Pub. L. 94-385. These sections direct the U.S. Department of Energy (DOE), which is a sponsor of this program, to monitor the effectiveness of this program and to require a weatherization agency implementing this program to keep records for DOE monitoring. Alaska Housing Finance Corporation (AHFC) is the recipient of weatherization funds from both DOE and the State of Alaska Department of Health and Social Services, and is required by 10 CFR 440 to document the eligibility of every dwelling unit weatherized and to maintain records for program monitoring and evaluation.

Voluntary Disclosure: Your responses to the request for information on the Weatherization Assistance Application, Authorization for Release of Information form, and Fuel Information form are entirely voluntary.

Principal Purpose of Information: The information will be used by the local weatherization agency to implement the weatherization program. It will be used by the DOE and AHFC to monitor the effectiveness of this program.

Routine Uses: The information which you provide may be used in monitoring, evaluating, and planning housing programs. In addition, the information may be used in investigative, enforcement or prosecutorial proceedings. Your application information is kept confidential.

Effects of Not Providing Information: Should you decline to provide the information requested on the Application and forms, your dwelling cannot be considered for weatherization assistance.

HEAD OF HOUSEHOLD Signature

Date